

## ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division of Children, Youth and Families

## CHILD PROTECTIVE SERVICES RECORDS REQUEST

(Person or agent of a person who is the subject of CPS information)

Child Protective Services (CPS) records are confidential and can be released only to those individuals and agencies permitted by state and federal law. This form is to be used by a person or agent of a person who is the subject of CPS information pursuant to A.R.S. § 8-807(E). You may be asked to provide information to verify your status as a person or agent of a person who is the subject of CPS information. The Department of Economic Security, (DES) will strike out (redact) all personally identifiable information including: the identity of the reporting person, children, parents, relatives, foster parents, persons or entities with whom children reside and any other persons whose life or safety may be endangered by the disclosure. DES is not required to release records that have previously released in the normal course of records distribution in the juvenile court proceeding, without the necessity being demonstrated. You must provide information as completely and accurately as possible to facilitate a record search and processing.

Requester's Name (Last, First, M.I.)

Case Relationship (parent, attorney, agent)

Address

Reason for Request (dependency or termination hearing)

Court Number

Hearing Date

Record Distribution☐ Mail☐ Pick up

Phone No.

Work: ( )

Home: ( )

INVOLVED CHILD(REN)'S NAME

BIRTHDATE

Child's Mother's Name

Social Security Number

Date of Birth

Child's Father's Name

Social Security Number

Date of Birth

Other Specific Information Known

I certify that I am the person indicated above and understand that all information I receive is confidential and shall not be further disclosed.

Signature of Person Requesting Information

Date

**THIS AREA IS FOR AGENCY USE ONLY**

Date Request Received

Number of Pages

Redacting Time

Copying Time

Name of Person Redacting

Position of Person Redacting

Hourly Wage

Phone No.

Name of Person Copying

Position of Person Copying

Hourly Wage

Phone No.

Records Were:

☐ Mailed☐ Picked Up

Date:

Was Request Denied (If yes reason)

Coordinator's Signature

Date: